Bulloch (W. G.)

Case of Ovariotomy in which the Pedicle was Tied with a Silver-Wire Ligature, Returned, and the Wire left to be Sacculated; Recovery. By Wm. G. Bulloch, M. D., of Savannah, Ga., Professor of Surgery in the Savannah Medical College.

I have delayed reporting the following case in order to afford time to test the permanency of recovery. As more than three months have now elapsed since the performance of the operation, and the patient is restored to health, and has resumed her ordinary duties, I think it may be fairly reported among the successful cases of ovariotomy.

June 3, 1867, I was called upon by Mr. E. B., of Scriven County, Ga., who presented a letter from his family physician, Dr. W. C. Bowie, in which he stated that Mr. B. desired to procure my professional services for his wife, who was subject of "encysted ovarian dropsy." "Mrs. B.," the doctor states in his letter, "is suffering greatly from mechanical pressure of the tumour, and although her health is not much impaired by it, yet the time has arrived, in my opinion, for surgical interference." Mr. B. urgently requested me to return with him the next morning to his home in Scriven County, fifty-eight miles from Savannah, to which I acceded.

On visiting Mrs. B. she stated that she was losing flesh and strength; her appetite was failing; her bowels were irregular, and she was suffering from other unpleasant symptoms, in consequence of which she earnestly desired to have the tumour removed.

Mrs. B. is forty years of age, the mother of five children; had menstruated regularly, and always enjoyed good health until the spring of 1857, when there appeared a small tumour in the right iliac region, painful on pressure. She consulted Dr. Bowie, who diagnosed an ovarian tumour of the right side, and employed the usual remedies, such as iodine and its preparations, internally and externally, under which treatment she continued at intervals for several years. After consulting various physicians and trying a variety of treatment, she at last came to the decision to have the tumour extirpated at all hazards.

When standing erect Mrs. B. has the appearance of a woman at the full period of pregnancy, and measures, in the recumbent position, around the abdomen over the naval, 38½ inches; an inch below the naval, where the tumour appears the largest, 40 inches; from the pubis over the tumour to its base at the pit of the stomach, an inch and a half below the ensiform cartilage, 19 inches. Horizontal circumference while recumbent, 38 inches. The abdomen fluctuates distinctly on percussion, is smooth, regularly protuberant, and moves but little, if at all, when the patient changes her position. Dullness on percussion over the whole abdomen.

From the facts above stated, we diagnosed it to be a case of unilocular ovarian tumour, but owing to its filling up the whole or nearly the entire abdominal cavity, and not moving except with the whole abdomen when the patient changed her position from side to side, and there having been but slight evidences of inflammatory action, we were undecided as to the existence of adhesions to the adjacent parts.

We decided to operate in compliance with the desire of Mrs. B., and ordered her at once a dose of castor oil as a prepatatory step.

The patient's bowels and bladder having been evacuated, she was placed upon a suitable table, and at 2 o'clock P. M., June the 5th, I operated, assisted by Drs. W. C. Bowie and A. B. Lanier, and a female friend of Mrs. B. Dr. Lanier administered the chloroform, drop by drop, on a hankerchief covering the face, as I have found that the least wasteful plan and the most certain of producing anæsthesia.

An incision, at first three inches, subsequently extended to four inches in length, beginning an inch below the umbilicus, was made through the abdominal walls over the linea alba, and though I proceeded slowly and carefully, owing to the thinness of the muscles, and to an adhesion of the tumour to that part of the anterior wall, the knife penetrated the sac before I was aware that it had more than reached the cavity of the abdomen. The contents of the sac, an amber colored liquid, escaped freely, pouring into a vessel held to receive it, so that very little was lost, and was estimated to amount to if not exceed eight quarts. The sac was unilocular and studded all over its internal surface with innumerable granular bodies like hydatids, and weighed 23 ounces when removed.

The question now arose, whether the sac should be allowed to remain and be injected with some stimulating liquid, or excised? Finding it loose, in a great part of its extent, and but slightly adherent in others, after a short consultation it was determined to remove it. This proved to be not so easy a task, for it was very adherent to the umbilical region as elsewhere, and to parts within the pelvis, particularly to the left ovary, and to the round ligament of the right side. There were no adhesions to the stomach, intestines, or liver. After some difficulty in separating the adhesions and peeling it off as it were from the peritoneum, and getting at its pedicle, this last was firmly secured, as advised by Dr. J. Marion Sims, by a silver-wire ligature, replaced in its normal position, and the sac removed entire. The peritoneum presented generally a dark red appearance, which attracted the attention of us all. The abdomen was then sponged out with a soft sponge wrung out of warm water, and the lips of the external wound brought together and closed by silver-wire sutures. A flannel compress was next applied, and over this a six-tailed flannel binder. There being no tension, adhesive straps were not applied. The patient was then removed from the table, placed comfortably in bed, and a full dose of morphia administered, which was directed to be continued in smaller doses every four hours through the night.

June 6, 6 o'clock A. M. Has had a good night's rest, and is this morning without pain or soreness, has had the bladder emptied twice with the catheter since last evening. Pulse 132; no nausea or vomiting. Has taken gruel and milk-and-water tea through the night.

7th, 9 o'clock A. M. Has had a good night's rest; urine drawn off with the catheter whenever she desired to urinate. No movements of the bowels since the operation, except a disposition to pass off wind, which is of some annoyance to her. Pulse 116. Continue the opium; allowed arrowroot boiled in milk and water for nourishment, which she relishes, though she complains of a want of appetite. Wound looks well; some oozing of blood from the upper angle, over which a strip of adhesive plaster was now applied. Superior portion of the abdomen somewhat distended and resonant on percussion. No soreness, or uneasiness of any kind. Pulse 112.

It was agreed, in consultation with Dr. Bowie, on my departure this day, that the treatment by opiates, perfect rest in bed upon the back, and a suitable diet should be continued.

I extract the following from notes sent me by Dr. Bowie:

8th, 12 o'clock M. Had a comfortable night. Pulse 112; skin cool and moist; countenance natural. Abdomen resonant on percussion; no swelling, and but little tenderness on pressure. Urine evacuated per catheter. R.—Directed opium to be continued in grain doses every six hours. Diet--Arrowroot and chicken broth.

10th, 11½ o'clock A. M. Pulse 110. Complains of some uneasiness about the bowels, as if they are disposed to act. Some appetite. Urine normal. Treatment continued.

12th, 11 o'clock A. M. Passed a very comfortable night. Pulse 98; feels as if her bowels would act. All other symptoms as on yesterday. Ordered an enema of warm water, to be repeated if necessary. Opium continued. Diet as usual.

13th, 12 o'clock M. Pulse 90. No action upon the bowels. Ordered enema repeated, with the edition of castor oil. Opium continued.

14th, 10 o'clock A. M. Bowels moved twice during the night. Removed the sutures from the wound; union seems to be perfect. Morphia in ¼ grain doses every six hours. Diet as usual.

16th, 2 o'clock P. M. Pulse 90. The tongue, which had been coated with a white fur, is clean; appetite good, begging for something to eat; abdomen resonant on percussion, except over the hypogastric region, where it is dull; some fulness and hardness; no tenderness. Bowels moved once during the night; passed the urine naturally. Walked across the room this morning. Advised her to remain in bed a few days longer. Some improvement in her diet. Morphia, in ⅛ grain doses, continued.

22d. Has fever; skin hot and dry; pulse 120; urine high colored. Her husband reports fever came on during the night. Complains of considerable pain in the pelvic region; thinks "it may be the womb." Hypogastrium full, hard, and tender on pressure. Bowels moved twice during the night; a vaginal examination revealed no abnormal condition of the uterus. Directed a poultice to be applied over the swelling; morphia in ¼ grain doses every six hours; diet restricted to gruel and chicken-broth.

24th, 8 o'clock A. M. Pulse 104. Hypogastric swelling more prominent; in every other respect the same. Not so much thirst as during the past few days. Urine high colored; tongue coated with a white fur. Treatment continued.

28th. Pulse 102. The hypogastric tumour more prominent and definite; feels through the abdominal walls like a deep-seated tumour occupying the hypogastric, right and left iliac regions, painful and very tender on pressure; the surface over the tumour has a natural color; detected fluctuation on percussion. Made an opening into the tumour, in the median line, about an inch below the lower angle of the former incision and a little above the symphysis pubis, which discharged about sixteen ounces of pus. A probe passed readily to the depth of four inches. Introduced a tent into the opening. Treatment continued as before.

30th. Abscess still discharging freely; pulse 90, and feeble. Appetite good; skin cool and moist; urine natural in color. Bowels moved yesterday. Ordered brandy in addition to diet; morphia at night only.

July 2. Abscess still discharging. Pulse 88; improving in strength. Allowed some increase in her diet. Continued brandy; poultices and morphia.

10th. Was sent for to see Mrs. B., in consequence of an eruption involving the surface to the extent of four or five inches around the opening of the abscess. Pulse 76. Abscess discharging a little; tongue clean; walking about the house; feels well, except itching and smarting caused by eruption. Removed the tent; discontinued poultices. Brandy discontinued several days ago. Diet unrestricted. Ordered iodine to be applied to the eruption.

17th. Mrs. B. is engaged in attending to all her household and out-door duties of a farmer's wife. Eruption cured. Abscess discharging very little; no unnatural fulness nor tenderness over the hypogastrium.

24th. Actively attending to all her domestic duties. Has regained her strength and flesh. No discharge from the abscess; no fulness nor tenderness over that region, feels a little hard on pressure. Discharged cured.

August 4. Mrs. B. was taken with uterine hemorrhage July 28, which continued until to-day, when she was delivered of a three months' fœtus. The abortion was wholly the result, no doubt, of over-exertion, as contrary to orders she would attend to her accustomed duties.

11th. I heard from Mrs. B. to-day. She expresses herself as perfectly well, with the exception of a little feebleness since the miscarriage.

REMARKS.—I have been induced to report this case from its intrinsic interest. It is remarkable from the extent of the adhesions, the recovery of the patient even after the formation of a large abscess, and the fact of the patient being pregnant at the time of the operation, without the uterine contents being affected thereby, or by the inflammatory excitement of the forming of the abscess.

Could this abscess have arisen from the sloughing of the remains of the pedicle, or the presence of the silver wire ligature? I took it for granted that the wire was sacculated by effused lymph, as Dr. Sims found in the case he examined, as nothing has been ascertained of its whereabouts since. I will state here, *en passant*, that the left ovary was examined at the time of the operation, and found to be healthy. The uterus I thought was larger than natural in the unimpregnated state, rising a little above the brim of the pelvis; but I did not suspect her to be pregnant at the time, as she informed me that she had regularly menstruated until up to the las period before the operation. The absence of menstruation and the enlargement of the uterus I attributed to the irritation produced by the diseased condition of the ovary. She must have been at least one month advanced in pregnancy, as Dr. Bowie states that she had an abortion of a three months' fœtus, on the 4th of August, only one day less than two months since the operation.

It will be observed that the subsequent treatment of the case was exceedingly simple, and that morphia, administered largely at first and subsequently in smaller doses and at longer intervals, was the only medicine employed. She was not allowed to rise from bed to sit on the chamber, the catheter being invariably depended on to evacuate the bladder. Her bowels were confined by the opiates, and were not moved until the eighth day after the operation, and then only by injection. The dressings to the external wound were not disturbed until eight days after the operation, when the sutures were removed, the union of the lips of the incision were found to be perfect.

Mrs. B. is now in her usual health, attending to all her domestic duties, as well as traveling about visiting friends in the neighborhood.

SAVANNAH, August 30, 1867.